DOCUMENT RESUME

ED 305 448 CE 052 155

TITLE Joint Solutions to Substance Abuse: Public Sector Employee Assistance Programs.
INSTITUTION State and Local Government Labor-Management Committee, Washington, DC.
PUB DATE 88
NOTE 20p.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adults; *Cooperative Programs; *Employee Assistance Programs; Employer Attitudes; *Employer Employee Relationship; *Government Employees; Labor Relations; Personnel Policy; *Program Effectiveness; *Substance Abuse

ABSTRACT

This short booklet is a joint expression by public sector labor and management that recognizes that neither side has all the answers to the problems of employee substance abuse and that both share a common concern for a successful outcome. The booklet summarizes the dimension of substance abuse in today's workplace; and it tries to encourage public sector labor and management to consider employee assistance programs as a vehicle for dealing with this problem. The booklet defines terms and dispels myths; it reviews the history of employee assistance programs and relates it to the status quo; and it profiles the problem and proposes a solution. Finally, the pamphlet shows how the joint labor-management approach to employee assistance programs designed to combat substance abuse has met with considerable success. (Six references.) (KC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED305448

JOINT SOLUTIONS TO SUBSTANCE ABUSE

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

✓ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Public Sector Employee Assistance Programs

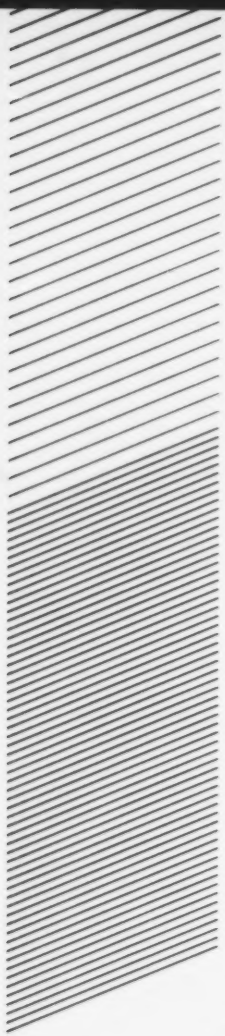
State and Local Government Labor-Management Committee

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

a Bill K
State & local Govt
Labor - Mgt Committee

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CE052155



State and
Local Government
Labor-Management
Committee

JOINT SOLUTIONS TO SUBSTANCE ABUSE:

Public Sector Employee Assistance Programs

STATE AND LOCAL GOVERNMENT LABOR-MANAGEMENT COMMITTEE

Participating Organizations

AFL-CIO Public Employee Department

Council of State Governments

American Federation of State, County and Municipal Employees

International City Management Association

American Federation of Teachers

National Association of Counties

Communications Workers of America

National Governors Association

International Association of Fire Fighters

National League of Cities

International Federation of Professional and Technical Engineers

National Public Employer Labor Relations Association

International Union of Operating Engineers

National School Boards Association

International Union of Police Associations

Laborers' International Union of North America

Service Employees International Union

U.S. Conference of Mayors

International Brotherhood of Teamsters

With the cooperation of the Federal Mediation and Conciliation Service and the United States Department of Labor

Introduction

There are numerous publications available today that discuss the hazards of substance abuse and the benefits of Employee Assistance Programs. What makes this statement stand out from the crowd is not its content . . . but its *publishers:* It is a joint expression by public sector labor and management which recognizes that neither side has all the answers and that both share a common concern for a successful outcome.

Our purpose in preparing this pamphlet is to enlighten and encourage. We hope to shed some light on the dimension of substance abuse in today's workplace; and we hope to encourage public sector labor and management to consider Employee Assistance Programs as a vehicle for dealing with this problem.

We will define terms and dispel myths; review history and relate the status quo; portray the problem and propose a solution.

The text that follows will show how the joint labor-management approach to Employee Assistance Programs designed to combat substance abuse has met with considerable success.

We hope to open some eyes and some minds as well.

For many years a number of employers have recognized the problems and costs associated with alcohol abuse among their employees and developed occupational alcoholism programs designed to help workers with these problems. Today these efforts are known as Employee Assistance Programs (EAP) and have been expanded far beyond the initial concern; they now also include drug abuse, mental health problems, financial difficulties, and family/marital crises.[1]

This discussion will be limited to the substance abuse portion of Employee Assistance Programs which are established and managed through a joint labor-management cooperative effort.

Defining Terms

- **Substance abuse** is a *disease* in which a person's consumption of alcohol and/or other drugs definitely and repeatedly interferes with the individual's health and/or job performance.
- An **Employee Assistance Program** is a work-site approach to providing employees an opportunity to overcome problems ranging from substance abuse to gambling addiction to eating disorders through a system of counseling, referral and treatment.

Dispelling Myths

- The definition of substance abuse does not differentiate between *alcohol* and *drugs*. Many people draw a line between the two because of alcohol's socially acceptable status. In reality, alcohol is not only a drug, it is one of the *most potent* drugs known to the medical community.

- Substance abuse is recognized as a *disease* by the American College of Physicians, the American Medical Association, the American Psychiatric Association and the World Health Organization.

  No more than three percent of those who abuse alcohol in the United States fit the image of the "Skid Row bum." The remaining majority are scattered throughout the social spectrum and are actively involved in the community, family and job roles.[2]

- Like any other benefit, an EAP involves a cost. But *cost* is, perhaps, an inappropriate label; it is a wise and prudent *investment* which returns substantial dividends in both economic and human capital. Nationally accepted figures, as reported by the Association of Labor-Management Administrators and Consultants on Alcoholism (ALMACA), indicate that for every dollar spent on an EAP there exists a $3 to $5 return. Other groups report a return as high as *$18* for every dollar spent.

High Times High Costs

A first-time reader of substance abuse statistics is guaranteed an eye-opening experience.

Alcohol is, by far, the most frequently abused drug. Approximately ten million persons in the United States fit the clinical definition of alcoholic. But the problem does not stop there. One must also consider family members at home, co-workers and supervisors — a total of 40 to 50 million other people directly affected by alcoholism. The afflicted and those directly affected number as many as 60 million people. The adult children of alcoholics, who do not abuse drugs but suffer from spending their formative years with substance-abusing family members, comprise still another category of approximately 20 million persons. This means up to 80 million people — *a third of the U.S. population* — have had a profound, sometimes catastrophic, experience with alcohol.[3]

The abuse of other drugs is reflected by equally staggering numbers:

- **Five million Americans are regular cocaine users;**
- **Twenty to 24 million people have tried cocaine;**
- **The level of individual cocaine use has risen by 11 percent in the last five years; and**
- **More than 20 million Americans are regular marijuana users.**[4]

Moreover, clinical experience shows that rarely is a person involved with only one drug. Someone using heroin, cocaine or marijuana is very often also a problem drinker.[5]

How does this translate into dollars?

In 1980, substance abuse was responsible for $136.4 billion in costs associated with treatment, research and prevention programs; treatment of related health problems; crime; motor vehicle accidents; and reduced productivity and lost employment.[6]

To put that $136.4 billion amount into perspective, consider that the nation's budget deficit for 1986 was $148 billion.

But how does one measure the *human* cost?

Public employee labor unions and public employer management groups . . . *together* . . . recognize and accept their special responsibility as leaders and moral obligation as compassionate people, to confront the issue.

The Employee Assistance Program

History
Recent Growth

EAPs are not a new concept. In 1917, Macy's Department Store in New York City established one of the first counseling programs for employees.

The number of programs increased during World War II and then subsided during the post-war years. Overall, in 1950, there were approximately 40 Employee Assistance Programs in the United States. Today, there may be as many as 10,000, most of them established since 1976. The reasons for the rapid growth of EAPs are varied and, perhaps, reflective of changing attitudes in our society. While in the not-so-distant past it was standard procedure for employers to fire their *"troubled employees,"* there is now a growing consensus—confirmed by a large number of studies— that it is more cost-effective to channel the employee into counseling or treatment programs, a principal conduit for such help being the EAP.

Public Sector EAPs

Though a substantial number of EAPs have been established in state and local government, there is much room for improvement. As of 1983, 39 state governments had established EAPs for their employees. As in the private sector, most of them appear to have been founded within the last ten years.[1] But the programs are not necessarily state-wide in scope, and as a result, many state employees do not have immediate access to an EAP.

Information on EAPs at the local government level is considerably less precise. A recent informal study identified about 200 cities and towns with EAPs.[8] A 1984 International City Management Association survey of 2,604 member cities with populations of 10,000 or more identified 84 cities with EAPs; 188 others indicated an interest in creating one.[9]

In at least one instance, a consortium of local agencies has begun an area-wide EAP.[10]

How EAPs Work

The type of EAP implemented generally depends on the size of the organization. Internal programs, with their own in-house EAP specialist, are more likely to exist in larger operations; smaller organizations generally rely on service providers within the community. Organizations with work populations in widespread locations often use a combination of both approaches. There are EAP consultants who market their services locally, regionally or nationwide, and some who have tailored their approach to be industry specific.[11]

When an employee comes to an EAP, the first step in the process is an assessment of his or her problem. An EAP specialist attempts to help the person identify the nature and extent of the difficulty. Sometimes the employee knows what is wrong; often the EAP counselor must help him or her confront reality.

Following the assessment, the employee is generally referred to an approved service provider within the community. Some EAPs are staffed with professionals or para-professionals qualified to provide short-term counseling for less serious cases.

The EAP specialist identifies and makes referrals to a variety of resources within the community, including hospitals, facilities specializing in substance abuse treatment, self-help groups (such as Alcoholics Anonymous), and financial and legal advisors. After making the referral, the specialist follows up on the employee's progress to ensure proper care is being administered and that the employee eventually returns to fully productive status on the job.

For many employees, enrollment in an EAP represents a "last chance" alternative to discipline because of their deteriorating job performance. In these cases, discipline is withheld as long as the employee is satisfactorily participating in the EAP. Specific treatments are confidential, but the employer and the union are kept advised of the employee's status.

Participation in an EAP is generally free; however, employees may have to pay for services not provided for in their benefit plan.

Long established labor-management EAPs have shown that when the disease concept is accepted and substance abuse is diagnosed and treated accordingly, the results are gratifying. Of the total number of cases identified in the workplace and diagnosed as alcoholism, 60 percent to 80 percent have successfully returned to a fully productive status in the workplace.[12]

Methods of Referral

EAP professionals often train managers and union officials in how to influence an employee to use the EAP. "*Constructive confrontation,*" the most common method used to approach the employee, asks supervisors to refrain from attempting to diagnose the problem. Instead, the employee is confronted with specific details of his or her unacceptable job performance. The supervisor then warns the employee that if the problem continues, disciplinary action will be taken. At that point, the employee is reminded that help is available through the EAP and is strongly encouraged to seek assistance. If performance fails to improve, discipline is administered in accordance with the collective bargaining agreement.

12

In some occupations, the immediate supervisor has infrequent contact with the work force and a system of peer referral may be more effective. The AFL-CIO-affiliated Assocation of Flight Attendants (AFA) is a frequently cited example of a successful peer referral program. Flight attendants seldom see their supervisors and, as a result, the AFA program relies almost entirely on peer referral.

EAPs are workihg more and more to encourage self-referral, in which the employee comes to the EAP voluntarily and without the knowledge of supervisory or union personnel. In some cases, employees skip the EAP entirely and seek assistance from their personal physician or self-help groups such as Alcoholics Anonymous.

In the case of substance abuse, self-referral is difficult and infrequent. Substance abusers' denial that they have a problem often keeps them from seeking help until convinced to do so by management or union officials, or after strong encouragement by peers.[13]

Developing the EAP

An EAP must be constructed on a solid foundation. A written policy statement on substance abuse developed and agreed upon by both labor and management representatives is a basic building block in creating an EAP. The policy should be communicated to *all* employees, both labor and management. It should clearly outline a positive procedure with its goal being the recovery of the employee.

The Joint Policy Statement

Judging by the combined experience of the most successful programs, the following principles should be considered for inclusion:

- Substance abuse is a disease in which a person's consumption of drugs and/or alcohol definitely and repeatedly interferes with an individual's health and/or job performance;
- Substance abuse is a disease for which there is effective treatment and rehabilitation;
- Persons who suspect they may have a substance abuse problem, even in its early stages, are encouraged to seek diagnosis and to follow through with the treatment prescribed by qualified professionals in order to arrest the disease as early as possible;
- Any persons having this disease will receive the same careful consideration and offer of treatment that is presently extended, under existing benefit plans, to those having any other disease;
- It will be the responsibility of all management and union personnel to implement the policy and to follow the procedures which have been designed to assure that no person will have either job security or promotional opportunities jeopardized by a request for diagnosis and treatment;
- Neither management nor union representatives have the medical qualifications to diagnose disease. Therefore, referral for diagnosis and treatment will be based upon job performance, within the terms, conditions and application of the collective bargaining agreement;
- The decision to request diagnosis and accept treatment for substance abuse is the personal responsibility of the individual;

- An individual who refuses to accept referral for diagnosis or fails to follow prescribed treatment will be handled in accordance with existing contractual agreements and labor-management understandings with respect to job performance;

- The confidential nature of the medical records of individuals will be strictly preserved;

- Persons participating in the program will be expected to meet existing job performance standards and established work rules within the framework of existing labor-management agreements. Any exceptions to this requirement will be by mutual agreement between labor and management, with careful consideration given to the recommendations of the care provider; and

- Nothing in this statement of policy is to be interpreted as constituting a waiver of management's responsibility to maintain discipline or the right to take disciplinary measures, within the framework of the collective bargaining agreement, in the case of misconduct that may result from substance abuse.

In addition to the joint policy statement, other essential program elements are:

- A joint committee composed of representatives from management and each union involved. The representation from each participating party should include a top ranking official with authority to establish and implement policy on behalf of his or her organization. The joint committee's ongoing role should be defined to include regular meetings for the purpose of reviewing program effectiveness and continuing committee member substance abuse education;

- Specific procedures that outline how to deal with employees experiencing job performance problems. Labor and management officials at all levels should comply with these procedures as part of their job responsibilities;

- Training for all levels of management and union officials, specifically in the procedures they will follow to implement the policy and the procedure for making referrals. After the initial training sessions, regularly scheduled follow-up and refresher courses should be conducted as part of the ongoing program;
- An ongoing educational component designed to inform employees of the EAP, why it was established, and how and when to use it;
- Identification of agencies within the community that offer the appropriate facilities and personnel necessary to insure proper care and treatment;
- A referral system consisting of channels of communication to those sources of care and treatment;
- A medical record-keeping system which assures confidentiality while furnishing evidence of program effectiveness; and
- Third party payment as a part of the employees' group health insurance or other benefit plans.

Working With the Community

The committee can be influential in strengthening local treatment services by working with area agencies and facilities and other substance abuse committees. It can assist other employers and unions in the community in establishing their own substance abuse programs. It can sponsor community substance abuse education by coordinating with area media, law enforcement personnel, professional groups, other employers and unions, and the local school system.

Conclusion

Substance abuse is a disease from which no one is immune. It takes a devastating toll on individuals, families and the workplace. It creates an obstacle to the efficient delivery of public services, and it ruins lives in the process. But a solution exists within the same framework that has provided answers to problems labor and management have confronted in the past—the framework of cooperation.

The cooperative labor-management approach to the treatment of substance abuse has had a tremendous impact on the workplace.

- Sixty to 80 percent of the cases identified as alcoholism have returned to a fully productive job status.
- The limited statistics on all other drugs reveal that approximately 60 percent of those who seek treatment for substance abuse recover.
- Employer investment in EAPs has yielded a return of $3 to $5 for every dollar spent.

Substance abuse treatment offered as a part of an Employee Assistance Program is neither a matter of cost nor concession. It is a "win-win" situation.

The process of establishing an effective Employee Assistance Program involves a great deal of work. But the rewards, both humanitarian and monetary, are significant. A large amount of information is available to help you avoid start-up problems, get you on the right track, and provide assistance after your program is up and running.

We urge you to explore the possibilities.

Information and assistance is available from:

The State and Local Government Labor-Management Committee
815 16th Street, N.W., Room 308
Washington, D.C. 20006
202/393-2820

References

About Substance Abuse at Work, South Deerfield, MA, Channing L. Bete Co., 1987.

Employee Assistance Progams: Benefits, Problems and Prospects, Bureau of National Affairs, 1987.

Hogler, Raymond L., ed., Substance Abuse in the Workplace: Readings in the Labor-Management Issues. The Pennsylvania State University, Department of Labor Studies and Industrial Relations, 1987.

Liebert, Cassidy & Frierson, California and the California League of Cities, Drug and Alcohol Abuse In the Workplace, National Public Employer Labor Relations Association, 1986.

Safety, Health, and Substance Impairment, Washington, D.C., AFL-CIO Building and Construction Trades Department, 1986.

Trice, Harrison M. and Roman, P.M., Spirits and Demons at Work: Alcohol and Other Drugs on the Job, ILR, Cornell University Press, 1978.

18

End Notes

1. Raymond L. Hogler, ed., Substance Abuse in the Workplace: Readings in the Labor-Management Issues, Penn State U., 1987.

2. Trice, H., and Roman, P., Spirits and Demons at Work: Alcohol and Other Drugs on the Job Ithaca, NY: ILR Press, Cornell U., 1978.

3. Ibid. #1.

4. Liebert, Cassidy & Frierson, Los Angeles, CA, NPECRA and the League of California Cities, Drug and Alcohol Abuse in the Workplace: Testing, Employee Assistance, and Discipline.

5. Ibid. #1.

6. Harwood, H., Napolitano, D.M., Kristiansen, P.L., and Collins, J.J., Economic Costs to Society of Alcohol, Drug Abuse and Mental Illness.

7. Employee Assistance Programs: Benefits, Problems, and Prospects, Bureau of National Affairs, Inc., 1987.

8. Peter J. Schweitzer, EAP Director, New York City Department of Corrections.

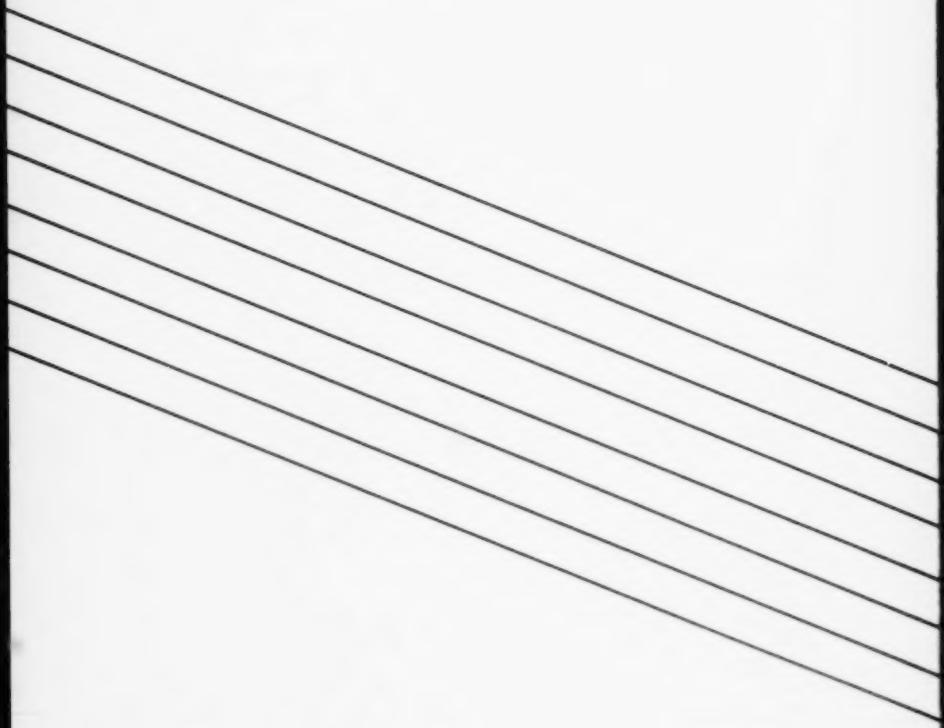
9. ICMA Baseline Data Report, February 1985, Volume 17, #2.

10. The South Puget Sound Labor-Management EAP includes Thurston County, The City of Olympia, The City of Lacey and Lacey Fire District No. 3.

11. Ibid. #7.

12. Safety, Health and Impairment, Building and Construction Trades Department, AFL-CIO.

13. Ibid. #7.



State and Local Government
Labor-Management
Committee

815 16th Street, N.W., Room 308
Washington, DC 20006
202-393-2820